

VOLUNTEER REGISTRATION FORM

VOLUNTEER PROGRAM REGISTRATION

NORFOLK DEPARTMENT OF NEIGHBORHOOD & LEISURE SERVICES,
DIVISION OF RECREATION & COMMUNITY SERVICES

Please print

Name _____

Address _____

City _____ Zip _____

SS or Drivers License # _____

Home Number (____) _____ Work Number (____) _____

Date of Birth ____/____/____ Female _____ Male _____

Hobbies/Activities _____

Skills/Abilities _____

Medical Data _____

In Case of Emergency Please Contact _____

Home Number (____) _____ Work Number (____) _____

By my signature below, I am registering as a volunteer with the Norfolk Department of Neighborhood and Leisure Services, Recreation and Community Services Division. I hereby release the City of Norfolk, its employees, agents, officers, and officials for any and all injuries or property damage, which may arise out of my volunteering. I also understand that this application is subject to local and national criminal background check and that by providing false information I may be subject to legal prosecution on behalf of the City of Norfolk.

SIGNATURES

Youth aged 16 years and under require and authorizing signature from a parent or guardian.

Volunteer _____ Date _____

Site Supervisor _____ Date _____

VOL Coordinator _____ Date _____

Please complete and sign form. Submit form to Center Supervisor or send to: Diann Hovik, 501 Boush St., Norfolk, Va. 23510

What Times And Days Are You Available To Work? Please Circle All That Apply

MONTHS: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

WEEKS: 1 2 3 4 5

Please Check All Times That You Will Be Available For Assignments

TIMES:	7	8	9	10	11	12	1	2	3	4	5	6	7
Monday													
Tuesday													
Wednesday													
Thursday													
Friday													
Saturday													
Sunday													

STAFF USE

PROG/CTR. WORK SITE _____

Job Title _____

Sent _____ Letter _____ Recorded _____

Apply Date ____/____/____

Interview Date ____/____/____

Orientation Date ____/____/____